

POWER OF ATTORNEY WORKSHEET

Please complete both sides of this form (if necessary) for us to prepare a power of attorney.

- Authority: 5 U.S.C. §301; 44 U.S.C. § 3101 (E.O. 9397)
- Principle Purpose: Obtain personal information to prepare legal document(s).
- ROUTINE USE(S): Information provided will be used by legal assistance personnel (attorneys, legal men, paralegal, and clerical staff) to prepare power(s) of attorney requested by the individual providing the information.
- DISCLOSURE: Voluntary, however, failure to provide the requested information may prevent furnishing of requested legal assistance services.

Client's Signature

Today's date

Name of Grantor: _____
FIRST MI LASTNAME

State of Residence: _____

Name of person to receive POA: _____

Expiration of POA (maximum one year): _____

☐ General Power of Attorney

☐ Special Power of Attorney(s): Please check the box of the desired Power of Attorney and provide the information requested in the back of this document. Thank you.

☐ Revocation of Power of Attorney(s)

ÿ AUTOMOTIVE

ÿ Sell ÿ Register ÿ Ship ÿ Transfer title ÿ Other

Year: _____ Make: _____ Model: _____ Color: _____
Plate #: _____ State: _____ Vehicle ID #: _____

If shipment:

Shipment from: _____ Shipment to: _____

ÿ LOCO PARENTIS / CHILDCARE

Name of Child(ren):

1.- _____	2.- _____
3.- _____	4.- _____
5.- _____	6.- _____

ÿ CHECK CASHING

Bank / Institution: _____
Account Number: _____

ÿ REAL ESTATE

ÿ Sell ÿ Buy ÿ Manage ÿ Mortgage ÿ Other

Address of Real Estate: _____
STREET ADDRESS
City: _____ State: _____ Zip Code: _____

Legal description of Title to Real Estate: _____

ÿ HOUSEHOLD GOODS

Shipment from: _____ Shipment to: _____

ÿ OTHER (please describe): _____

